FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:37

DOCUMENT # **P94000033354 (9)**

1. Corporation Name
MEGATECH DIAGNOSTIC CENTER, INC.

Principal Place of Business	Mailing Address
5052 S.W. 128TH PLACE MIAMI FL 33175	5052 S.W. 128TH PLACE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1800 W 49TH SUITE #134-A	26 1800 W 49TH
Suite, Apt. #, etc 22 134-A	Suite, Apt. #, etc 27 134-A
City & State 23 HIALEAH, FL 33012	City & State 28 HIALEAH, FL
Zip / Country 24 33012 / 25	Zip / Country 29 33012 / 30

4. FEI Number: + 65-0487478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLAVELO, ROMULO 5052 S.W. 128TH PLACE MIAMI FL 33175	81 Name: ROMULO CLAVELO 82 Street Address (P.O. Box Number is Not Acceptable): 540 BRICKELL KEY DRIVE # 830 83 84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: + [signature] 06/13/95
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V/D	☒ Change ☐ Addition
NAME	CLAVELO, ROMULO	12 NAME	CLAVELO, ROMULO	
STREET ADDRESS	5052 S.W. 128TH PLACE	13 STREET ADDRESS	540 BRICKELL KEY DRIVE # 830	
CITY ST ZIP	MIAMI FL 33175	14 CITY ST ZIP	MIAMI, FL 33131	
TITLE	D/P/S	21 TITLE	D/P/S	☒ Change ☐ Addition
NAME	AGUIRRE, JORGE	22 NAME	AGUIRRE, JORGE	
STREET ADDRESS	830 EAST 27TH ST.	23 STREET ADDRESS	540 BRICKELL KEY DRIVE # 1209, MIAMI, FL. 33131.	
CITY ST ZIP	HIALEAH FL 33013	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 01-25-96 305-825-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0100448 CP